

WANTING AND LIKING: LESSONS FROM ADDICTION  
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MEASURES OF WELFARE

- (i) We should seek to maximize agents' *pleasure*.
- (ii) We should seek to maximize the satisfaction of agents' *desires*.
- (iii) Something else. (Objective list? Not a good term.)

THINKING ABOUT ADDICTION: A COMMON OPPOSITION

*Either* addictive behavior is freely chosen, and addicts are free to resist and hence responsible.  
*Or* it is the result of a pathology, and they are not free to resist and hence not responsible.

DESIDERATA OF ANY ACCOUNT

Addictive behaviour is not compelled.

Flexible; shows price elasticity of demand; responds to other incentives; can be escaped, and typically is by the addict's early 30s.

Addictive behaviour is nonetheless pathological.

Rational choice models don't accommodate the data, esp. the high risk of relapse after withdrawal, and the sensitivity of craving and relapse to cues. Not merely habitual. Patterns of animal addiction, and the involvement of the mesolimbic dopamine system.

MODELLING THE PATHOLOGY I: WAYWARD PLEASURE

An early view: addictive drugs hijack the pleasure system. By interfering with the dopamine system they give intense pleasure; so addicts, wanting pleasure, form *instrumental* desires for them.

MODELLING THE PATHOLOGY II: INCENTIVE SALIENCE

Wanting is relatively isolated from liking (separate behavioural measures for each, separate neural pathways), from anticipated liking, and, in human beings, from beliefs about what is best. Dopamine regulates (one kind of) wanting. John Crace (*Guardian*, Patrick Melrose review 22nd May 2018): "I often took drugs that I didn't even particularly like." So addicts form intrinsic desires for the things that they are addicted to, desires that are largely independent from other attitudes like beliefs about what would bring pleasure, what is worthwhile etc. Compare the effect of the knowledge that some desired gadget doesn't work, with the effect of the knowledge that cigarettes are bad for you. The first extinguishes the desire; the second doesn't.

WHY DOESN'T THIS RESULT IN COMPELLED ACTION?

In human beings wanting (craving) does not lead immediately to acting. Addictive desires are not *undermined* by the knowledge that they will bring no pleasure; but they may be *resisted* by self-control. Hard work.

MORAL CONSEQUENCES I: SIGNIFICANCE OF PREFERENCES

The incentive salience theory makes it very hard to sustain a *pure* preference account.

Could we use *laundered* preferences? Standard accounts do not do well:

(i) Count only one's fully informed desires, made with no mistakes in reasoning? Incentive salience insulates desires from reasoning.

(ii) Count only the desires that one would have if fully rational? Again rationality doesn't exempt one from incentive salience desires. We might move to the *advisor* approach: what would we advise our less rational selves if we were fully rational. But either: (i) it is unclear why the fully rational should advise (or would be justified in advising) their less rational selves to behave in a different way from the way they would want to behave themselves—beware of smuggling in a more cognitive account in terms of what is worthwhile etc.; or (ii) the fully rational are advising, on the basis of their desires, which first-order desires their less rational selves should have (and which they themselves should have); but then this looks like a form of the second-order desire approach, to which we turn.

(iii) Count only those first-order desires that are buttressed by corresponding *second-order* desires. Frankfurt characterizes the unwilling addict as the person who desires not to desire to consume. Whilst there may be many who have such desires, the issue is whether those desires are *stronger* than their desires to desire to consume. Once we identify desires first and foremost via behaviour, we need to ask whether people behave in ways to reduce their first-order desires. Having stronger second-order desires not to consume is neither necessary nor sufficient for being an unwilling addict. Not necessary: the wanton, who has no conception of their own desires, and so no desires about them, might still try to frustrate their own consumption. Not sufficient: you want to consume, but don't want to do so from your own desires since you don't want the associated responsibility. More broadly, suppose someone takes Antabuse. It doesn't obviously change desires, rather than consumption. To make that explicit: contrast Antdesire, that removes the first-order desire, and Antconsume that removes consumption. Which would unwilling addicts take? You wouldn't have to insist on Antdesire to count as an unwilling addict. Very often first-order *now-for-then* desires are really doing the work.

#### MORAL CONSEQUENCES II: POLLUTED ENVIRONMENT

If someone creates an environment that triggers the wanting, and thereby results in harm, that is *prima facie* their responsibility. Compare the responsibility on those who create a polluted environment: move there from tort claim as nuisance, to statutory provision: prevent pollution at source, preempt any harm.

Extending the domain of this responsibility: behavioural addictions; sugar. As we have seen, this plausibly has a different aetiology, but the resultant state is much the same, and it is that that matters.